MAR 8 35 1996 A MARENNE

OCKET NO.: ISIS-2169

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Leif Christensen, Henrik Frydenlund Hansen, Peter E. Nielsen

For: Substituted Nucleic Acid Mimics

"Express Mail" Label No. TB881245673US Date of Deposit - March 8, 1996

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington-D.C. 20231

Typed Name: Bob inforzato

BOX PATENT APPLICATION

Assistant Commissioner for Patents Washington DC 20231

Sir:

PATENT APPLICATION TRANSMITTAL LETTER

followir		smitted	herewi	ıtn	for	filing,	please	find	the
(vv)	The	specific	ration	of	the	ahove-re	afarance	ad nat	-ant

- (xx) The specification of the above-referenced patent application.
- (xx) <u>2</u> sheet(s) of (xx) **formal**/() **informal** drawing(s) or photographs.
- (xx) An () **executed**/(xx) **unexecuted** Declaration or Oath and Power of Attorney.

()	An Assignmen	nt of	the	invention	to	
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- () Copy of Assignment(s) for the parent application and separate Form(s) 1595 for each Assignment will be submitted upon receipt of the Official Filing Receipt.
- () A certified copy of a ____ application.
- () An Associate Power of Attorney.
- () An **executed** Verified Statement Claiming Small Entity Status under 37 CFR 1.9 and 1.27.

- () Statement to Support Filing and Submission of DNA/Amino Acid Sequences in Accordance with 37 CFR §§ 1.821 through 1.825.
- () Petition to Accept Photograph(s) as Drawing(s).
- () Other (specify): _____.

The filing fee has been calculated as shown below:

		SMALL ENTITY			OTHER THAN SMALL ENTITY		
For:	No. Filed	No. Extra	Rate	Fee	<u>OR</u>	Rate	Fee
	BASIC FEE			\$375	<u>OR</u>		\$750
Total Claims	10 - 20 =	0	x \$11=	\$	<u>OR</u>	x \$22=	\$0
Indep. Claims	3 - 3 =	0	x \$39=	\$	OR	x \$78=	\$0
11	resentation e Dependent	+\$125=	\$	<u>OR</u>	+\$250=	\$	
	TOTAL						\$750

- () Please charge my Deposit Account No. 23-3050 in the amount of \$____. This sheet is attached in triplicate.
- (xx) A check in the amount of \$750.00 is attached. Please charge any deficiency or credit any overpayment to Deposit Account No. 23-3050.
- (XX) The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-3050. This sheet is attached in triplicate.
 - (XX) Any additional filing fees required under 37 CFR 1.16 including fees for presentation of extra claims.
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- (XX) The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 23-3050. This sheet is attached in triplicate.

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- () The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).
- (XX) Any filing fees under 37 CFR 1.16 including fees for presentation of extra claims.

Date: March 8, 1996

Signature

John W. Caldwell

Régistration No. 28,937

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